

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MS</i>		9/15/02
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>RGZ</i>	6265	10/30/2002
RESPONSE FORMALITY REVIEW			12/5/02

INDEX OF CLAIMS

- | | | | |
|---|---------------------------------|---|--------------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral)..... Canceled | A | Appeal |
| + | Restricted | O | Objected |

Claim	Original	Date
1	✓	5/21/02
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12	✓	11/27/02
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If more than 150 claims or 10 actions
staple additional sheet here

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